



**APPLICATION FOR
TRANSFER OF QS/IFQ BY
"SWEEP-UP" - (SHORT FORM)**

U.S. Dept. of Commerce/NOAA
National Marine Fisheries Service
Restricted Access Management
P.O. Box 21668
Juneau, AK 99802-1668



BLOCK A- INSTRUCTIONS

To complete a "Self Sweep-Up" (i.e., to combine two blocks that you currently hold), use this form instead of the standard Application for Transfer Form. In the space provided, identify yourself and the blocks of QS you wish to combine. Sign and date the application in the presence of a Notary Public, **attach both original QS Certificates**, and submit to RAM. **NOTE:** To be combined, QS must be in the same **Vessel Category**, and the resulting block size must not exceed the **Sweep Up Limits** (see block B).

BLOCK B- SWEEP UP LIMITS

Halibut <u>Area</u>	Quota Share <u>Units</u>	Sablefish <u>Area</u>	Quota Share <u>Units</u>
2C	19,992	SE	33,270
3A	27,912	WY	43,390
3B	44,193	CG	46,055
4A	22,947	WG	48,410
4B	15,087	AI	99,210
4C	30,930	BS	91,275
4D	26,082		

BLOCK C- APPLICANT INFORMATION (Type or Print legibly)

1. Name:

2. SSN or Tax ID Number:

3. Permanent Address:

4. Address to which you want Self-Sweep up documents sent if other than Permanent Address:

5. Date of Birth:

6. IFQ ID Number:

7. Home Phone:

8. Business Phone:

9. Fax:

BLOCK D- First QUOTA SHARE BLOCK

1. Halibut [] or Sablefish []

2. IFQ Regulatory Area:

3. Vessel Category:

4. Number of QS Units to be swept up:

5. Numbered From:

6. Numbered To:

BLOCK E- Second QUOTA SHARE BLOCK

1. Halibut [] or Sablefish []

2. IFQ Regulatory Area:

3. Vessel Category:

4. Number of QS Units to be swept up:

5. Numbered From:

6. Numbered To:

BLOCK F- CERTIFICATION OF NOTARY AND APPLICANT

Under penalty of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the information presented hereon is true, correct and complete.

1. Signature of QS holder (or authorized agent):

2. Date:

3. Printed Name of QS holder (or authorized agent). **Note:** If this is completed by an agent, attach authorization:

4. Notary Public (Signature): **ATTEST**

6. Affix Notary Stamp or Seal Here:

5. Commission Expires:

Please mail completed application to **NMFS Alaska Region, Restricted Access Management, P.O. Box 21668, Juneau, AK 99802-1668**. If you need additional information, contact RAM at 1-800-304-4846 or 907-586-7202. **Please allow at least ten working days for your application to be processed.** Items will be sent by first class mail, unless you provide alternate instructions **and** include a prepaid mailer with appropriate postage or corporate account number for express delivery.

Privacy Act Statement: Federal regulations (at 50 CFR Part 679) authorize collection of this information. This information is used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits. Where the requested information is your Social Security Number (SSN), disclosure is voluntary; in the event it is not provided, NMFS will assign a unique code that will identify your records.

PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average [0.2 hours] per response, including the time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, P.O. Box 21668, Juneau, AK 99802.

ADDITIONAL INFORMATION

Before completing this form please note the following: 1) Notwithstanding any other provision of law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number; 2) This information is mandatory and is required to manage commercial fishing efforts under 50 CFR part 679 and under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, et seq.); 3) Responses to this information request are confidential under section 402(b) of the Magnuson-Stevens Act (16 U.S.C. 1801, et seq.). They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics. These procedures have been implemented under the NMFS Operations Manual entitled, "Data Security Handbook for the Northwest-Alaska Region National Marine Fisheries Service."